PIECP - QUARTERLY CONSOLIDATED STATISTICAL **REPORT**

| | Reporting Quarter Dates: | 4/1/2017 - | 6/30/2017 | | |
|---|---|--|-----------------|---|--|
| | Name of Certificate Holder: | IOWA PRISON | I INDUSTRIES | *************************************** | necessaries i saternitario de la companio della companio de la companio della com |
| (1) | Total inmate labor hours worked during quarter: | | 36,606.6 | Hour | S |
| (2) | Total number of inmates employed during quarter: | encentration contration and contrati | 76 | – Total | Inmates |
| (3) | Total quarterly gross wages paid: | \$ | 402,314.08 | | |
| (4) | Total quarterly contributions to Federal taxes: | \$ | 45,899.20 | | |
| (5) | Total quarterly contributions to State taxes: | \$ | 15,261.34 | | |
| (6) | Total quarterly contributions to Social Security: (FICA and Medicare) | \$ | 30,756.19 | | |
| (7) | Total quarterly contributions to other taxes: | \$ | _ | rra | |
| (8) | SUB-TOTAL of taxes paid this quarter (#4- #7): | | | \$ | 91,916.73 |
| (9) | Total quarterly contributions to victim's programs: | \$ | 99,832.25 | *************************************** | |
| (10) | Total quarterly contributions to room and board: | \$ | 119,092.67 | 174 | |
| (11) | Total quarterly contributions to family support: | \$ | 10,617.43 | ·· | |
| (12) | SUB-TOTAL of PIECP Categorical Deductions (#9-# | 11): | | \$ | 229,542.35 |
| (13) (14) | Total quarterly contributions to mandatory savings: | \$ | 3,659.54 | 24 | |
| ` / | 79 | N.T. | | | |
| | | No. | | *************************************** | |
| | Certified correct by: Daniel J. Clark, Dep | uty Director, l | lowa Prison Inc | lustrie | es |
| upper programme | n Mh | | 22- | AUG | 6 20 17 te |
| Tel | Signature ephone no: (515) 725-5705 Email A | Address: | dan.clark(| | |

| | Reporting Quarter Dates: _ | 4/1/2017 | ************* | 6/30 | /2017 | |
|-------------------------|--|-------------------|---|-------------------|----------|---|
| | Name of Cost Accounting Center: | | Graphic | Edge | | |
| | PIECP Management Model: | | Emplo | oyer | | |
| | | | | tional Facility | | neuronomen recentivation |
| | INSTITUTION Name and Address: | 307 S 60th | ı Ave W, N | Newton, IA 5020 |)8 | *************************************** |
| (1) | Total inmate labor hours worked during | g quarter: | | 3,141.7 | Hours | |
| (2) | Total number of inmates employed dur | ing quarter: | | 6 | Total I | nmates |
| (3) | Total quarterly gross wages paid: | | \$ | 31,307.02 | | |
| | Hourly wage range | \$8.50- 8.95 | | | = | |
| | (or) Pieces work rate | N/A | monocomo | | | |
| (4) | Total quarterly contributions to Federal | taxes: | \$ | 2,971.98 | 200 | |
| (5) | Total quarterly contributions to State ta | xes: | \$ | 989.92 | *** | |
| (6) | Total quarterly contributions to Social S | ecurity: | \$ | 2,395.01 | | |
| | (FICA and Medicare | e) | NORTH AND THE PROPERTY OF THE | | | |
| (7) | Total quarterly contributions to other ta | xes: | \$ | _ | *** | |
| (8) | SUB-TOTAL of taxes paid this quarter (| #4- #7): | | | \$ | 6,356.91 |
| (9) | Total quarterly contributions to victim's | programs: | \$ | 10,958.75 | | |
| 10) | Total quarterly contributions to room as | nd board: | \$ | 7,729.95 | | |
| 11) | Total quarterly contributions to family s | support: | \$ | _ | | |
| 12) | SUB-TOTAL of PIECP Categorical Dedu | actions (#9-#11): | | | \$ | 18,688.70 |
| 13) | Total quarterly contributions to mandat | ory savings: | \$ | 1,808.32 | | |
| 14) | Since the last quarterly report, have you this cost accounting center? If yes, pleas | | d the scop | e, processes or j | product | s associate with |
| | Certified correct by: Daniel J. | Clark, Deputy D | irector, Io | owa Prison Inc | lustries | 5 |
| *********************** | os M | | nonaccione de | 22- | AUG | 2017 |
| Tel | Signature Lephone no: (515) 822-8920 | Email Addres | s: | <u>dan.clark</u> | | |
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| | Reporting Quarter Dates: | 4/1/2017 | TO A CONTRACT OF THE STATE OF T | 6/30 | /2017 | |
|-------------------|---|------------------|--|--|---|---|
| | Name of Cost Accounting Center: | | Н&Н | LLC | | |
| | PIECP Management Model: | | Empl | oyer | | |
| | TNG THE TOTAL N | | | ctional Facility | | annanariya i ani ani ani ani ani ani ani ani ani |
| | INSTITUTION Name and Address: | 2000 N 161 | th Street, (| Clarinda, IA 516 | 32 | nonacconcentration and an activities and activities |
| (1) | Total inmate labor hours worked during | quarter: | *************************************** | 30,710.8 | Hours | 6 |
| (2) | Total number of inmates employed during | ng quarter: | ******************************* | 59 | Total | Inmates |
| (3) | Total quarterly gross wages paid: | | \$ | 349,287.10 | _ | |
| | Hourly wage range | \$8.50- 8.95 | | | - | |
| | (or) Pieces work rate | N/A | ************** | | | |
| (4) | Total quarterly contributions to Federal t | axes: | \$ | 41,601.20 | er | |
| (5) | Total quarterly contributions to State taxe | es: | \$ | 13,930.99 | | |
| (6) | Total quarterly contributions to Social Se | • | \$ | 26,720.52 | | |
| | (FICA and Medicare) | | | | | |
| (7) | Total quarterly contributions to other tax | es: | \$ | - | | |
| (8) | SUB-TOTAL of taxes paid this quarter (# | 1 - #7): | | | \$ | 82,252.71 |
| (9) | Total quarterly contributions to victim's p | orograms: | \$ | 82,999.81 | | |
| 10) | Total quarterly contributions to room and | d board: | \$ | 105,387.49 | | |
| 11) | Total quarterly contributions to family su | ipport: | \$ | 8,397.49 | u. | |
| 12) | SUB-TOTAL of PIECP Categorical Deduc | etions (#9-#11): | | | \$ | 196,784.79 |
| 13) | Total quarterly contributions to mandato | ry savings: | \$ | 1,696.17 | | |
| 14) | Since the last quarterly report, have you rethis cost accounting center? If yes, please | | d the scop | pe, processes or p | oroduc | ts associate with |
| | | | | *************************************** | *************************************** | ~~~ |
| | Certified correct by: Daniel J. C | Clark, Deputy D | irector, I | owa Prison Inc | lustrie | s |
| | DUM | | | 22- | AU6 | 2017 |
| unnennennennennen | Signature | | erenesed. | 400 pi sella la constante de l | Dat | ee |
| Tel | ephone no: (515) 822-8920 | Email Address | s: | dan.clark@ | ②iowa. | <u>gov</u> |

| | Reporting Quarter Dates: | 4/1/2017 | NATION OF THE PROPERTY OF THE | 6/30/2017 |
|------|--|------------------|---|---|
| | Name of Cost Accounting Center: | | Jet Company | |
| | PIECP Management Model: | | Employer | |
| | | | entral Correctional Fa | • |
| | INSTITUTION Name and Address: | 313 Laneda | ale, Rockwell City, IA | x 50579 |
| (1) | Total inmate labor hours worked during | g quarter: | | Hours |
| (2) | Total number of inmates employed duri | ng quarter: | | Total Inmates |
| (3) | Total quarterly gross wages paid: | | | |
| | Hourly wage range | \$8.50- 8.95 | | |
| | (or) Pieces work rate | N/A | | |
| (4) | Total quarterly contributions to Federal | taxes: | | *************************************** |
| (5) | Total quarterly contributions to State tax | (es: | | *************************************** |
| (6) | Total quarterly contributions to Social Se (FICA and Medicare | - | *************************************** | |
| (7) | Total quarterly contributions to other tax | xes: | \$ | _ |
| (8) | SUB-TOTAL of taxes paid this quarter (# | ‡ 4- #7): | | \$ - |
| (9) | Total quarterly contributions to victim's | programs: | *************************************** | |
| (10) | Total quarterly contributions to room an | d board: | *************************************** | nonhomentaria |
| (11) | Total quarterly contributions to family s | upport: | | Noneconstant consistent |
| (12) | SUB-TOTAL of PIECP Categorical Dedu | ctions (#9-#11): | | \$ - |
| (13) | Total quarterly contributions to mandato | ory savings: | \$ | <u>-</u> |
| (14) | Since the last quarterly report, have you this cost accounting center? If yes, please This CAC did | e explain: | d the scope, processes | • |
| | | | | |
| | Certified correct by: Daniel J. | Clark, Deputy D: | irector, Iowa Prisor | n Industries |
| | n M | | | 22- A V6 - 2017 Date |
| | Signature | | | |
| Tel | lephone no: (515) 725-5705 | Email Address | s: <u>dan.c</u> | lark@iowa.gov |

| | Reporting Quarter Dates: | 4/1/2017 | ****************************** | 6/3 | 0/2017 |
|--------------|--|--|---|------------------|-----------------------------|
| | Name of Cost Accounting Center: | *************************************** | Misty Har | bor | |
| | PIECP Management Model: | | Employe | er | |
| | INSTITUTION Name and Address: | Fort Do | dge Correct | ional Facility | 7 |
| (1) | Total inmate labor hours worked during | g quarter: | | - | Hours |
| (2) | Total number of inmates employed duri | ing quarter: | *************************************** | 0 | Total Inmates |
| (3) | Total quarterly gross wages paid: | | \$ | | |
| | Hourly wage range | \$8.50- 8.95 | | | = |
| | (or) Pieces work rate | N/A | | | |
| (4) | Total quarterly contributions to Federal | taxes: | \$ | - | |
| (5) | Total quarterly contributions to State tax | (es: | \$ | <u>-</u> | |
| (6) | Total quarterly contributions to Social Soci | • | \$ | _ | |
| (7) | Total quarterly contributions to other tax | xes: | \$ | - | |
| (8) | SUB-TOTAL of taxes paid this quarter (# | #4- #7): | | | \$ - |
| (9) | Total quarterly contributions to victim's | programs: | \$ | _ | |
| (10) | Total quarterly contributions to room an | ıd board: | \$ | _ | |
| (11) | Total quarterly contributions to family s | upport: | \$ | - | |
| (12) | SUB-TOTAL of PIECP Categorical Dedu | ıctions (#9-#11): | | | \$ - |
| (13) (14) | Total quarterly contributions to mandate Since the last quarterly report, have you this cost accounting center? If yes, please This CAC did | materially change | _ | _ | products associate with |
| | Certified correct by: Daniel J. | Clark, Deputy D | irector, Iow | | dustries AUG 2017 Date |
| | Signature | NATION CONTRACTOR OF THE PROPERTY OF THE PROPE | | | |
| Tel | ephone no: (515) 725-5705 | Email Addres | s: | <u>dan.clark</u> | <u>:@iowa.gov</u> |

| | Reporting Quarter Dates: | 4/1/2017 | canonication | 6/30 |)/2017 | *************************************** |
|------|---|------------------|---|--|----------|---|
| | Name of Cost Accounting Center: | . 1 | NuAge M | arketing | | |
| | PIECP Management Model: | | Emplo | J | | |
| | INCIDITION N. LALL | | | rectional Facility | | |
| | INSTITUTION Name and Address: | 313 Laneda | ale, Kockw | vell City, IA 505 | 79 | 00000000000000000000000000000000000000 |
| (1) | Total inmate labor hours worked during | quarter: | 200000000000000000000000000000000000000 | 2,754.1 | Hours | |
| (2) | Total number of inmates employed during | ng quarter: | *************************************** | 11 | Total I | nmates |
| (3) | Total quarterly gross wages paid: | | \$ | 21,719.96 | _ | |
| | Hourly wage range | \$8.50- 8.95 | | | = | |
| | (or) Pieces work rate | N/A | *************************************** | | | |
| (4) | Total quarterly contributions to Federal t | axes: | \$ | 1,326.02 | 20M | |
| (5) | Total quarterly contributions to State tax | es: | \$ | 340.43 | 100A | |
| (6) | Total quarterly contributions to Social Se | curity: | \$ | 1,640.66 | | |
| | (FICA and Medicare) | | | | | |
| (7) | Total quarterly contributions to other tax | es: | \$ | _ | nos. | |
| (8) | SUB-TOTAL of taxes paid this quarter (# | 1- #7): | | | \$ | 3,307.11 |
| (9) | Total quarterly contributions to victim's p | orograms: | \$ | 5,873.69 | • | |
| (10) | Total quarterly contributions to room and | d board: | \$ | 5,975.23 | in. | |
| (11) | Total quarterly contributions to family su | pport: | \$ | 2,219.94 | ··· | |
| (12) | SUB-TOTAL of PIECP Categorical Deduc | ctions (#9-#11): | | | \$ | 14,068.86 |
| (13) | Total quarterly contributions to mandato | ry savings: | \$ | 155.05 | | |
| (14) | Since the last quarterly report, have you this cost accounting center? If yes, please | | d the scop | e, processes or _l | product | s associate with |
| | | | | onnamen mananan manana | | |
| | Certified correct by: Daniel J. (| Clark, Deputy Di | irector, Id | owa Prison Inc | lustries | ; |
| | 5 M | | | 22- | - AUG | 2017 |
| | Signature | | | | Date | |
| Tel | ephone no: (515) 822-8920 | Email Address | s: | <u>dan.clark(</u> | @iowa.g | <u>IOV</u> |

| | Reporting Quarter Dates: | 4/1/2017 | proceedings and | 6/3 | 30/2017 |
|------|--|-------------------|---|------------------|---|
| | Name of Cost Accounting Center: | Ro | ock Communi | cations | |
| | PIECP Management Model: | | Employe | r | |
| | | Newt | on Correctior | nal Facility | |
| | INSTITUTION Name and Address: | 307 S 60th | n Ave W, Nev | vton, IA 502 | 208 |
| (1) | Total inmate labor hours worked during | g quarter: | *************************************** | | Hours |
| (2) | Total number of inmates employed duri | ng quarter: | | | Total Inmates |
| (3) | Total quarterly gross wages paid: | | \$ | _ | |
| | Hourly wage range | \$8.50- 8.95 | | | |
| | (or) Pieces work rate | N/A | *************************************** | | |
| (4) | Total quarterly contributions to Federal | taxes: | \$ | _ | |
| (5) | Total quarterly contributions to State tax | æs: | \$ | | *************************************** |
| (6) | Total quarterly contributions to Social Soci | • | \$ | | |
| (7) | Total quarterly contributions to other tax | xes: | \$ | _ | |
| (8) | SUB-TOTAL of taxes paid this quarter (# | ‡4- #7): | | | \$ - |
| (9) | Total quarterly contributions to victim's | programs: | \$ | _ | |
| (10) | Total quarterly contributions to room an | d board: | \$ | _ | |
| (11) | Total quarterly contributions to family s | upport: | \$ | | |
| (12) | SUB-TOTAL of PIECP Categorical Dedu | ections (#9-#11): | | | \$ - |
| (13) | Total quarterly contributions to mandate | ory savings: | \$ | - | |
| (14) | Since the last quarterly report, have you this cost accounting center? If yes, please This CAC did | - | | | products associate with |
| | | | | | |
| | Certified correct by: Daniel J. | Clark, Deputy D | irector, Iow | a Prison In | ndustries |
| 1 | Sur | | | 22- H | 406 - 2017 Date |
| | Signature | | | | |
| Tel | lephone no: (515) 725-5705 | Email Addres | s: | <u>dan.clark</u> | <u><@iowa.gov</u> |